



# ADMINISTRATIVE OFFICE OF THE COURTS

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***Important Information About Your Health Insurance Benefits***  
***PLEASE GIVE THIS MATERIAL YOUR IMMEDIATE ATTENTION***

**Greetings:**

As a new State employee, you are eligible to participate in the State of Maryland health benefits program. This packet contains a guide to health benefits, enrollment instructions, and a rate sheet that includes the subsidies the State provides for medical, prescription, and dental coverage.

You have **60 days from your date of hire** to enroll in health benefits online via the Statewide Personnel System (SPS). If you do not enroll within **60 days of hire**, you must wait for the next open enrollment period, and your enrollment will become effective January 1, the first day of the next plan year.

**Your available benefits include:**

- Five medical plans (includes vision and mental health)
- One prescription plan
- Two dental plans
- Term life insurance
- Personal accident and dismemberment insurance
- Flexible spending account (health care and/or dependent day care)

You may enroll dependents who meet the State's eligibility criteria with proper documentation of eligibility (marriage certificates, birth certificates, etc.). Please consult the benefits guide book to identify who is eligible and what documentation is required. You must provide documentation within the **60-day** enrollment period – **NO EXCEPTIONS**. Any documentation in a foreign language must be translated before submission to the State Employee Benefits Division. You cannot enroll a dependent without proof of eligibility as determined by the State Employee Benefits Division.

As a new hire, your coverage begins the **first of the month following your date of hire (your "effective" date)**. If your enrollment is processed after your effective date, you will receive an invoice from the Department of Budget and Management for a retroactive post-tax adjustment. You are solely responsible for paying this invoice to ensure your benefits continue without interruption.

Once you are enrolled, you have **60 days** for the State Employee Benefits Division to process any change that may affect your enrollment (including, but not limited to marriage, death, divorce, birth of a child, loss of coverage from another source, etc.). For these changes in status, you must initiate a life status event online in SPS and provide proof of eligibility for the change. You may call your benefits coordinator to discuss status changes that affect your health benefits.

New Hire 60-Day Benefit Letter  
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An open enrollment period is held each fall. This is when employees can make changes to their enrollment, and employees who declined coverage when hired can enroll for benefits. All employees will receive communications about the dates for open enrollment and instructions to make changes online through SPS. Changes made during open enrollment are effective January 1, the start of the next plan year. You should retain your health benefits guidebook throughout the plan year to research benefits and limitations.

You are required to sign this letter to acknowledge your understanding of the enrollment process. A copy of this signed acknowledgement will be retained in your Judiciary benefits file. If you have any questions while you are considering benefits, please contact your benefits coordinator:

Please review your benefits material promptly so we may discuss any questions prior to submitting your enrollment within the **60-day** enrollment window. This signed acknowledgment constitutes our efforts to educate you about your eligibility for State health benefits and the **60-day** deadline.

**By signature below, I acknowledge that:**

- I have received my State health benefits enrollment information (booklet and worksheet).
- I know the name, telephone number, and location of my agency benefits coordinator.
- I must enroll within **60 days of my hire date** or wait until the open enrollment period.
- I must provide official documentation to confirm dependent eligibility when my enrollment is submitted.

**Signature of Employee:** \_\_\_\_\_

**Print Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Benefits Coordinator:** \_\_\_\_\_